

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15		14					65				
16	1						66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23		7					73				
24	1						74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4		↓			↓	TOTAL IND.		↓		↓
TOTAL DEP.	33		↓			↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS	03						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS